



## BOARD OF HEARING INSTRUMENT DISPENSERS

4815 West Markham Street, Slot 2  
Little Rock, AR 72205  
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### CONTINUING EDUCATION APPROVAL REQUEST FORM

Please complete each section. Submit \$50 fee payable to Arkansas Board of Hearing Instrument Dispensers for each credit hour submitted. Requests and fees must be submitted sixty (60) days prior to the course dates. The Board will give written notice of the approval or disapproval of the course.

\_\_\_\_\_  
**Name of Requesting Organization**

\_\_\_\_\_  
**Phone #**

\_\_\_\_\_  
**Contact Name**

\_\_\_\_\_  
**Email Address**

\_\_\_\_\_  
**Business Address**

\_\_\_\_\_  
**City**

\_\_\_\_\_  
**State**

\_\_\_\_\_  
**Zip**

\_\_\_\_\_  
**Fax #**

\_\_\_\_\_  
**Total Hours Requested**

\_\_\_\_\_  
**Course Name**

\_\_\_\_\_  
**Course Date(s)**

Please provide details for each class included in the course (make copies if needed). Make sure all blanks are filled. Do not enter "See Attached".

\_\_\_\_\_  
**Class Title**

\_\_\_\_\_  
**Number of Hours**

\_\_\_\_\_  
**Prev. class date(s), if applicable**

\_\_\_\_\_  
**Presenter's Name & Title**

\_\_\_\_\_  
**Credentials**

\_\_\_\_\_  
**Class Description Summary**

How will this class enable the licensee to better serve the public's hearing healthcare?

Class Title	Number of Hours	Prev. class date(s), if applicable
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Presenter's Name & Title
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Credentials
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Class Description Summary

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Class Title	Number of Hours	Prev. class date(s), if applicable
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Presenter's Name & Title
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Credentials
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Class Description Summary

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